



Washington State Domestic Violence and Pregnancy Facts

The intent of this fact sheet is to provide health care professionals (physicians, midwives, nurses, nutritionists, social workers) with information to increase the safety of women experiencing domestic violence during pregnancy.

Why Involve Health Care Professionals?

Health care providers have a unique opportunity to identify, intervene and refer pregnant and postpartum women to domestic violence resources because:

- ▲ Women are seen frequently during pregnancy
- ▲ Women are seen alone which allows privacy
- ▲ Providers routinely ask about lifestyle/health issues
- ▲ A health care setting can be a safe place to disclose sensitive information.

Extent of Problem from National Research Studies:

Estimates for assaults to pregnant women range from 1% to 20% depending upon the study definition of assaults and the population studied (Gazmararian, 1996; 1999).

Domestic violence is a pattern of assaultive and coercive behaviors that include physical, sexual and psychological attacks. The lack of well-established instruments for measuring psychological abuse, such as threats and denigrating remarks, limits most prevalence statistics to identifying physical assaults, although physical violence is just one aspect of domestic violence. Some studies indicate that women who experience physical abuse are at higher risk for miscarriages and low birth weight babies. (Bullock, 1989 McFarlane, 1992; Fernandez, 1999.)

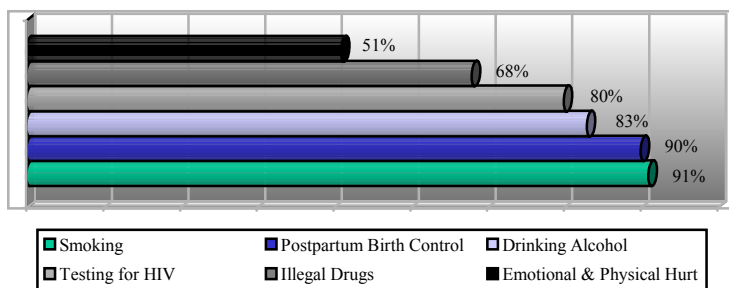
Extent of Problem in Washington State:

In 1998, 1 in 5 women age 18 or older surveyed on the Washington State Behavioral Risk Factor Surveillance System*, reported experiencing some physical injury from an intimate partner during their lifetimes. One in 13 women reported going to the doctor because of an injury from an intimate partner, and a similar number reported that they needed to see a doctor but didn't.

On the 1999 Youth Behavior Survey** about 14% of high school girls reported experiencing violence (hit, slapped, or physically hurt on purpose) in the past year. However, this was a new question and more years of data are needed to assess the stability of this estimate.

In 2000, approximately 6% of childbearing women reported physical violence by a husband or partner around the time of pregnancy (12 months prior to pregnancy through 3 months postpartum) in Washington State.

This corresponds to an estimated 5,184 women statewide, based on women's responses to the 2000 Washington State Department of Health PRAMS*** mail and telephone survey, which asks post partum women about physical abuse prior to, during, and after pregnancy. Further information on psychological abuse will be available in the future from this survey.



The Department of Health Office of Maternal and Child Health continues to promote universal screening for all pregnant and postpartum women. Training materials are available to help providers develop skills to screen for Domestic Violence.

Figure 1 Summary of Provider Screening during Prenatal Care:
Percentage of women who reported being asked, from Washington State PRAMS, in 2000

The resources and readings listed below offer free and/or low cost technical assistance to increase and improve screening practices.

Suggested Readings &

References:

- ▲ American College of Obstetricians and Gynecologists (ACOG) Educational Bulletin No. 257, "Domestic Violence" August, 1999.
- ▲ Campbell, J.C., et al "Birth weight and Abuse During Pregnancy" American Journal of Epidemiology, 2000.
- ▲ Gazmararian, J.A. et al, "Prevalence of Violence against Pregnant Women," JAMA, Vol. 275, No. 24, 1996.
- ▲ McFarlane J. & Gondolf, E. "Preventing Abuse During Pregnancy: A Clinical Protocol," MCN Vol. 23, Jan/ Feb 1998
- ▲ Sugg, N.K. and Inui, T., "Primary Care Physicians' Response to Domestic Violence," JAMA, Vol 267 #23, June 1991
- ▲ Bullock, L., "Characteristics of Battered Women in a Primary Care Setting" Nurse Practitioner, No. 14, 1989, pp. 47-55.

Washington State Resources

Washington State Domestic Violence Hotline:

General information and referral for domestic violence victims, general public, and professionals.

1-800-562-6025 V/TTY

Alcohol Drug Help Line

Resources and referral for drug & alcohol issues.

1-800-563-1240 TTY

Washington State Coalition Against Domestic Violence

General Information, resources, and training

206-389-2515 and 206-389-2900 TTY

Washington State Department of Health

Training opportunities, fact sheet, and information

253-395-6739

Physicians Insurance

Prenatal Record Forms

1-800-962-1399

Website

Listing of Washington State Domestic Violence Services

www.wavanet.org

***The BRFSS** (Behavioral Risk Factor Surveillance System) is a Center for Disease Control and Prevention survey that collects information, via telephone, from non-institutionalized English-speaking Washington adults on personal behaviors and practices that promote health and prevent the leading causes of death. The Washington State Department of Health has been collecting BRFSS data on domestic violence since 1998. **For more information contact Trina Wynkoop Simmons at 360-236-4322.**

**** The Youth Risk Behavior Survey** was a 1999 school-based survey of 9th through 12th grade students in Washington State public schools that collected information on the health behaviors of high school youth. **For more information, contact Lillian Bensley at 360-236-4248.**

*****PRAMS** (Pregnancy Risk Assessment Monitoring System) is an ongoing population based surveillance system sponsored by the Centers for Disease Control and Prevention, that surveys new mothers who are representative of all registered births to Washington State residents. *The Washington State Department of Health has been collecting PRAMS data since 1993.* **For more information on PRAMS data, contact MCH Assessment at 360-236-3533 or visit the website at www.doh.wa.gov/cfh/prams/.**

Providers in Washington State DV Screening Statistics:

In 1998, the Department of Health Perinatal Partnership Against Domestic Violence, initiated a training curriculum for prenatal care providers on screening for domestic violence. PRAMS routinely asks women if their prenatal care provider "talked about physical abuse by a husband or partner" during prenatal visits. The percentage of women who reported their provider did talk about physical abuse has increased from approximately 30% in 1996 to approximately 40% in 2000. In the 2000 PRAMS survey, women were asked if their prenatal care provider routinely asked them questions about smoking, alcohol, if someone was hurting them emotionally or physically, illegal drugs, HIV testing, and birth control, after delivery or at prenatal care visits. An estimated 51% of the respondents reported their provider asked if someone was hurting them physically or emotionally. Figure one provides a comparison of the responses and illustrates that providers screen less for domestic violence than for the other health-risk factors measured.

Action Steps

Action steps for providers working with pregnant women in primary health settings and First Steps Programs include:

- ✓ Screen all pregnant women every trimester and post partum using the Physicians Insurance Prenatal Record**** Questions on Domestic Violence.
- ✓ Screening should always be completed in a private place with no partners, children, or relatives in attendance.
- ✓ Refer women who report domestic violence to resources (including domestic violence programs) as part of safety plan.
- ✓ Maintain and continue to improve skills by seeking training, technical assistance and intervention assistance from Domestic Violence Advocates in your community for a coordinated community response. (see resources listed above)